

ADDRESS OF THE PRESIDENT AT THE  
FORTY-FOURTH ANNUAL MEETING  
OF THE MEDICAL SOCIETY OF THE  
STATE OF CALIFORNIA—SANTA BAR-  
BARA, APRIL 14, 1914.

FITCH C. E. MATTISON, M. D., President.

MEMBERS OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA:—I wish to thank the members of the Society for the honor conferred upon me in electing me your President. I feel it is indeed an honor and one that, although unmerited, will ever remain a bright spot in my medical career.

It is my privilege on this occasion to address you on some subjects of general interest to the Society and I have selected one that, owing to the limited time at my disposal, must of a necessity be treated very briefly and I trust will be the means of calling your attention to some of the problems I have been interested in as a member of this Society, and trust we may have some concerted action that will clear the way for a solution of some of them.

The medical profession have had many perplexing problems to deal with in the past and there are at the present time many very interesting ones that are looming up on the medical horizon that will take time and much thought to work out. We may say we have fairly entered that "Era of Protest" where there seems to be a protest against almost all forms of existing institutions, be it Religious, Political or Medical. Whether the rapid whirl of events in these times of mad rush for "New Things," "New Thought," "New Pleasures" will result in a flying apart of some of our old established ideas and institutions, it would be rather difficult to surmise at this time.

Most of the problems our profession have to deal with are social problems, for it is impossible for us to advance very far with preventive means for the control of infectious diseases of all kinds unless the social conditions of the people be improved. As the social conditions of the masses are made better preventive medicine will advance, better housing conditions will improve the home life of the coming generation and with better homes, better schools and more playgrounds, hygienic conditions must improve.

Evolutionary ideas are rampant particularly as they bear upon our every-day life and conditions and medical men in the future, as in the past, must take their places in the front rank to help work out the details of certain changes in our manner of dealing with the injured or sick, and make living conditions better for the well.

Social and Industrial Insurance claim a large share of the public attention at present and it is but fair to assume that in all lines of industries that the cost of production should include in such costs certain fixed charges to insure those engaged in such industries against accident, sickness and death.

Germany saw the needs of Industrial Insurance thirty years ago and the claim is made that the average German worker is efficient to-day on account of being relieved from worry and fear of

accidents and sickness. Medical authorities claim that the height and fitness of the young men who are examined for military services is improving constantly in the country and that this in a large measure is due to thirty years of industrial insurance. It has also raised the stigma of pauperism from thousands of the working class in that country, it has enabled the poor man to enter their hospitals and institutions feeling they were paying for the services rendered in those institutions and that during their enforced absence from work their family were receiving a sum sufficient to care for their needs and were not dependent on charity, a condition of affairs which will eliminate much of the neglected class of cases and in which treatment will be instituted early and much suffering prevented.

The National Insurance Act of Great Britain was first introduced into the House of Commons after a period, it is said, of two and a half years of study and preparation by its author, Honorable Lloyd-George, Chancellor of the Exchequer, on May 4th, 1911. The act includes in its scope some fifteen million people from the age of sixteen to sixty-five of both sexes, whose incomes do not exceed \$800.00 per annum. Each male contributor must pay a premium of about eight cents per week, women contributors pay six cents per week and the employer pays six cents per week for each and every employee. In addition to this the Government undertakes to contribute in the case of men, two-ninths, and of women, one-fourth of the total benefits disbursed under the act.

In England there are now on the panel 20,000 out of the 22,500 physicians in general practice in Great Britain. The Government has distributed among them \$20,500,000, an average of \$1,150 for each physician. In addition \$5,000,000 has been spent on drugs. All this was for less than one-third of the population.

Mr. Lloyd-George claims the Insurance Act has raised the remuneration of the medical profession from an average of \$750 per annum to \$2,000 per annum. This is largely due to the fact that now medical attendance is provided millions of people who formerly had no attendance.

The Industrial Insurance in Germany has been a constantly changing conflict for the past thirty years and during this time of experimentation they have been working out some very interesting data and the present imperial insurance order which went into force January 1, 1914, is a complicated piece of legislation and takes the place of all previous laws on this subject. By the new law compulsory insurance is extended to over twenty-two million people and many others are given an opportunity to take advantage of it if they so desire.

There has not been the greatest degree of harmony between the medical profession and the federation of insurance societies. By the present arrangement a free choice of doctors on the part of the patient will be allowed where it is possible, and in the event of controversies arising Arbitration Courts composed of an equal number of mem-

bers representing both sides for the settlement of controversies. No fixed fee tables are stated, but compensation will very likely be along the line of former fees.

Many of those coming under the present insurance order have formerly been receiving treatment through lodge practice, contract practice, free dispensaries and free clinics. The better class will be taken from the pauper class and may materially add to the remuneration the medical profession have been receiving in the past.

At the time the Lloyd-George Act was passed the fees offered the medical profession for caring for these individuals were not entirely satisfactory to the medical profession and probably due to the fact that the aforesaid profession were not taken wholly into his confidence in working out adequate compensation for such services, when we consider the class of individuals who are insured under this act that it applies to those earning less than \$800.00 per annum, it is doubtful whether the fees paid for such services are not all such individuals can pay, and to-day the attitude of the medical profession in Great Britain has changed and Industrial Insurance has proven a benefit to all.

Government control of all forms of Industrial Insurance undoubtedly is ideal, the adequate care of the sick or injured by competent medical men or women must come; we may not live to see it but we must meet changing conditions of industrial life that will change the present-day conditions of pauperism into a condition when every man, woman or child, sick or maimed may have competent medical or surgical attendance and not be pauperized in receiving such attendance. Does not the public to-day either through private or state channels, expend as much money each year in caring for the pauper, be he such by reason of his incapacity for labor or the offspring of those incapacitated to perform labor, as would be expended in the proper channels of industry by compelling all industries to have as a part of the cost of production, fixed charge devoted to Industrial Insurance, thereby providing against loss of all wages in case of accident or sickness?

The average laborer of to-day can barely provide for himself and family during health; loss of time caused by accident or sickness is thereby cause for either municipal, institutional or private charity. The receipt of charity for any length of time pauperizes such an individual and those depending upon him for support. Would it not be better if this individual were cared for by the results of his own labor?

The contention was that as soon as a certain class of individuals understood they could have the attention of their medical adviser at any and all times without an increase of expense to themselves there would be an increase of trivial ailments but such has not been the case, but instead many who formerly depended upon "home remedies" or advice of friends or worse still consulted a "quack" or perchance took some patent nostrum, now have competent medical advice early and

preventive means instituted early has undoubtedly saved much sickness and suffering.

Eugenics may be right and proper if we can pick out the perfect man and woman, mate them and then give adequate care to the raising of their offspring, but the human factor steps in here and we find where the idealist has not reckoned with the pauper in his scheme of eugenics.

If a census of all our state institutions were made how many of those inmates now supported by the state (which means you and me and all taxpayers), who if properly protected by a national insurance act might not now be receiving the same care but supported by the results of their own labor during health? Charity pauperizes the individual, pauperism generates paupers, criminals and the incompetent.

Could some wave of sentiment sweep over the industrial world and touch some hidden spring of eugenic origin in those captains of industry who amass great fortunes and then create, endow or maintain institutions for private charities, how much better results could be attained at no greater cost? The mere fact that the cost of production carries with it the protection due the individual worker, would eliminate much of our dependent class. In the past we have been following a policy that created a dependent class, the class that are "leaners" or "drags" on the body politic, with no confidence in themselves, no ability to do for themselves and their dependents, and we of the medical profession either in hospitals, institutions or private practice, still further pauperize them.

Does not the individual have the same rights of an insurance against accident or sickness as a building and its machinery? It is consistent with good business policy to insure building and contents against loss by fire or accident and the cost of production of such industry must pay such carrying charges. Does the individual worker, the producer, of such commodity not have an equal right with property and machinery? If so the actuary who figures out the rate per \$1000 what such risks must tax production can evolve with the assistance of the actuary who figures out health and accident risks, a rate per "day labor" of the individual laborer and it would not require the mind of an idealist to claim that the human machine is entitled to the same protection granted those material agents necessary in our industrial world.

The medical profession for years past have recognized the necessity of some form of industrial insurance and in our own state we are endeavoring to adjust ourselves to the provisions of the Working Men's Compensation Law of California. In discussing this Act we must not lose sight of the fact that some twenty-five or more states have similar acts. Following is a list of nineteen states that have some act at present: California, Connecticut, Illinois, Iowa, Kansas, Massachusetts, Michigan, Minnesota, Nebraska, Nevada, New Hampshire, New Jersey, Ohio, Oregon, Rhode Island, Texas, Washington, West Virginia, Wisconsin.

In a personal communication from the chief Medical Adviser of one of these states in answer to an inquiry how the Industrial Act affected the medical profession in that state, he says, "You know our law has no first aid, so we have no fee bill; we pay no medical charges or hospital charges. The employees are starting an initiative law for first aid now, but the industrial act in this state has affected the profession considerably in other ways. It places a great deal of work upon the physician for which he receives no pay. On the other hand, the laboring men as a class do not pay their bills; but under the old system, when an injured man came to us for treatment and was not under a hospital contract, we would invariably call up his employer and ask him to stand good for the bill, which they usually did. In that case we would not send a bill to the injured man but send it direct to the employer, and the employer and man settled between themselves. Ninety-five per cent. of the work under those conditions was paid for, but under the Compensation Act, the employer takes no responsibility whatever, so when we treat a man now we have to look to him alone for compensation and I will venture to say that there are at least 90% of the bills that go unpaid where the man is not under hospital contract. At least this has been my experience, as I do private practice in addition to looking after the state's work. This thing is not only true in my experience but every other physician's as well, whom you talk to, and has been a source of a great deal of dissatisfaction with the law.

"Then the physicians claim that it has been the cause of a great many suits for malpractice. Man has a bad injury treated by some surgeon; he gets out with bad result even in the hands of the best men in the state, short leg or something that cannot be prevented. The compensation that he receives from the Act itself is very small, especially in his eyes. He looks around for somebody to sue, finds that the law bars him from suing his employer and the only one left in sight that he can sue is the doctor. Some attorney advises him to enter suit, consequently the physician is sued. There are very few of them, however, get damages, but just recently we have had one suit where the jury gave the man a verdict of \$5500.00 and another one for \$2800.00. Of course, these men were protected by casualty insurance. The number of malpractice suits within the last two years has increased about tenfold in this state; however, the larger per cent. of them are not from industrial cases. The idea to sue someone seems to be a contagion that is floating around over the entire state.

"Oregon has a law that includes first aid and they are undecided at present just how to proceed. It seems to me that the only plausible plan that is just to physician is to allow the man to select his own physician and adopt the plan of paying about 65% of the ordinary charge to a private patient on the ground that all of these bills will be paid without any question. Under those conditions a physician could do the work

and even make a creditable showing to a private patient on this argument, that the private patient who does pay, has to pay increased price because of the number who do not pay.

"I am sorry that I am not able to send you more information because this is a very important matter in the future to the medical profession in the United States. Industrial insurance has come to stay and the history of Germany and England and the attitude taken toward the profession there would certainly not be looked forward to with any enthusiasm should it happen to be the same in the United States, which I cannot help but feel will come as a natural result in the near future. The medical profession should certainly be alert as to where it is drifting on this subject. They are inclined too much to sit by and do nothing. That is certainly what happened in this state when the present law was being passed."

This is an opinion from one who knows something of the results of this Act upon the physicians in his own state. It is well for us to be alert to our own Act and its effect on our profession to see to it that professional interests as well as the workman's interests are carefully considered.

Among the results which the sponsors for some of these Acts hoped would be accomplished were:

First, furnish certain prompt and reasonable compensation to the victims of work accidents and their dependents, eighty per cent. of whom have heretofore had no right to redress under common law rules;

Second, free the courts from delay, cost and criticism incident to the great mass of personal injury litigation heretofore burdening them;

Third, relieve public and private charity of much of the destitution due to uncompensated industrial accidents;

Fourth, eliminate economic waste in payment of unnecessary lawyers, witnesses and casualty corporations and the expense and time loss due to trial and appeals;

Fifth, provide a method whereby one hundred cents shall go to injured workmen out of every dollar paid out by the employer for that purpose, premium rates automatically adjusted to actual cost;

Sixth, supplant concealment of fault in accidents by a spirit of frank study of causes; resulting in good will between employer and operative, lessening the number of preventable accidents and reducing the cost and suffering thereby.

We must also take into consideration the fact that as various authorities claim, twenty-five per cent. to thirty per cent. of this charity work done by the hospital dispensaries, and physicians will be relieved of that work, that the beneficial results of placing those workers above the need of charity much good will result.

Much discussion has resulted from the adoption by the Industrial Commission of a fixed medical and surgical fee table. The medical profession has refrained from the adoption of arbitrary fee tables in the past because it is difficult to make a

fixed charge for services in the treatment of diseases and injuries when the amount of skill and responsibility proper to charge an individual whose annual income, we will say, is \$1200.00 per annum an amount varying from ten per cent. to twelve per cent. of his annual income for a major operation, it would be just as fair and proper to charge an individual whose annual income is \$25,000.00 per annum a sum in excess of ten or twelve per cent. of his annual income as the increased responsibility would justify such charge.

The commercialization of medical and surgical services by some of the casualty companies by offering fees approximating twenty-five to thirty per cent. less than the fee tables adopted by the Industrial Commission, should not be permitted by members of the State Medical Society. Whereas it may or may not be considered ethical for our members to accept fees fixed by the State Industrial Commission, it would be decidedly unethical to commercialize such services by accepting a less fee from private corporations. Industrial Insurance, which must be recognized as one of the greatest factors of modern times from a socialistic standpoint, has come and has come to stay and it is useless to fight it if we were so inclined but some changes of its method of application as it pertains to our profession seems necessary before perfect harmony can result.

The acceptance of the proposed minimum medical and surgical fee bill, may seem proper provided the individual could have his choice of physician or surgeon, or was accorded the privilege of having his regular family physician. It would seem that an adjustment of any arbitrary rules governing the care of the individual and compensation for services can and will work out satisfactory to all concerned, for it is a fact that as the professional man acquires a comfortable competency he naturally gives up accident work and this work goes where it belongs, i. e., to the younger members of the profession and the ones who are now doing most of the emergency work. It would seem fair and equitable to leave it optional with members of our Society who wish to do this work provided compensation for such work were no less than the minimum fee bill now proposed by the State Insurance Commission.

In the event of a dispute arising such dispute could be turned over to the Council of the County Society in which such dispute arose, and any appeal from such decision by a member could be made to the Council of the State Society or a committee appointed by the Council of the State Society to arbitrate such disputes. If there be taken into consideration the twenty-five to thirty per cent. of unfortunate sick occurring in the past that have received services free either in hospital dispensary or private practice and that such services be paid for as the result the labor of such individual the ban of pauperism will be lifted from that percentage of unfortunate sick and a spirit of independence created in such individual.

We must approach the solution of some of the

changing conditions of handling industrial accidents in a spirit of fairness, fairness to all concerned for were it left to the fairness of the charges rendered most families by their family physician there could be very few criticisms of our profession but the members of our profession may not be far different in their attitude in dealing with corporations than the average individual who feels it unjust and unfair to take unfair advantage of an individual but considers it perfectly proper to take every advantage of a corporation. Our court records will show that less permanent injury results from the kick of a farmer's mule or the kick of the owner's automobile than the too sudden stopping of a train which many times results in those persistent neuroses sometimes called Railroad Spine. Lest we be considered inconsistent in our reasoning we must not permit ourselves to rush into inconsistencies and refuse permission to our members to accept fixed fees for compensation that are from twenty to twenty-five per cent. in the main above fees paid by casualty companies; fees that have been acceptable to those of our members who have been doing this class of work in the past. A fee bill which permits of some elasticity due to varying conditions requiring skill and responsibility of different degrees would seem more reasonable and just to the medical profession than a fixed fee bill. It might not require any more time to apply traction to a fractured femur than adjusting a fractured clavicle but the skill and responsibility of one far exceeds that of the other.

Much discussion and very little progress often results from the discussions of any very momentous subject in a medical society. The emotional element enters too largely into such discussion and judgment, reason and expedience of purpose of such discussions are apt to be warped, whereas such discussion, if left to the House of Delegates or Councils of County Societies results in a more careful consideration and adjustment. It is to be hoped that those selected by you to represent our interests in this and other important matters to come before them may decide upon a safe and conservative policy.

Some adjustment of the provision of Industrial Insurance, contract practice and lodge practice as it affects our members must be made by us that will make a membership in our State Society worth while. If we can make such membership stand for those standards that signify adequate preliminary education, a thorough medical education that is equal to the requirements of the Marine Hospital Service or United States Government Service, and that such membership means a guarantee of a member's fitness to practice rational medicine and surgery, it will create a necessity on the part of those outside of the membership in our Society to seek such membership as a guarantee of fitness to serve the sick and afflicted. The membership committee of a county society should be a secret committee so they would not be hampered by the personal element in the selection or rejection of an applicant. In this way they would be free to use their judgment in such

selection. Any selection would be made on merit and not to avoid criticism. We ask too much of them as it is and much good has resulted from the secret membership committee in other societies. The title of Doctor formerly stood for something; the public in consulting such an individual felt they were sure of at least finding such as used the title of Doctor were graduates in medicine and surgery. But with the multiplicity of methods invented to treat the sick and afflicted by manual, mechanical or manipulatory methods the title Doctor does not mean Doctor of Medicine. It would require the judgment of a Solomon for the average citizen to turn to his telephone or city directory and select from those with the prefix of Doctor and know what sort or kind of Doctor he was about to intrust his or his family's life with; and why should we not demand of those publishing such directories that they either designate those having the title of M. D. as such or make a separate classification and list all members of County Societies and all others under separate classification. As to "Ism" or "Athy," if there be any glory in being "in advance of" or "better than" the regular profession these individuals should have all the glory a long-suffering public can give them by making it easy for the aforesaid public finding them promptly and without confusion. If some such plan cannot be instituted it would be well for those having the degree of M. D. to use it rather than the prefix "Dr." which has become so much used by others than graduates in medicine that it is to say the least confusing and ridiculous.

Until the time arrives when Government or State Control and not therapeutic fancy designates those using the title Doctor means Doctor of Medicine, a membership in our State Society should mean a guarantee of an individual's fitness to practice the healing art; in this way a membership in each County Society means so many units of efficiency that the public can rely on as practicing rational Medicine. The Medical Society of the State of California should mean progress in everything pertaining to medicine. With the true spirit of the West we should break away from our old established ideas of what a Medical Society should be and make it a Society that means a fixed standard of membership.

The "short cuts" to the practice of the "healing art" have resulted in many "short cuts" to the "practice of medicine" and with our present Medical Practice Act which permits its licentiates to practice medicine and surgery irrespective of their therapeutic or surgical training does not give the assurance to those seeking medical or surgical assistance that such licentiate has the medical and surgical training to make them competent to handle all cases which may fall into their hands.

Until medical schools are placed under state or government control where all who expect to practice medicine and surgery must have the same standard of preliminary education, the same standard of medical education and then permit them to select what form of therapeutics they wish to study and then practice that which they are com-

petent to practice, the medical society must fix the standard, the standard of non-sectarian medicine. It is unscientific to claim that any therapeutic methods or agents of which we are not familiar have no claim for merit. If such fixed ideas had prevailed in the past, medicine and surgery could not have made the progress it has made, especially during the past decade. We must have medical schools where all therapeutic methods can be taught and put on a scientific basis for investigation. The day of the private medical school is passing and just as soon as the public demands any existing therapeutic methods, mechanical or otherwise, have institutions that are on a plane that places them above a suspicion of a desire for pecuniary gain rather than scientific advancement just so soon will the medical profession be on a plane where scientific training and not "Athy" or "Ism" will command the respect of the world.

To ridicule and condemn the various remedial methods suggested engenders controversy; controversies without investigation do not establish confidence in medicine. The only method whereby the public will be spared the spectacle of a learned profession such as ours apparently divided into various exponents of therapeutic methods of treating the sick and afflicted, is to have state institutions where all schools of medicine must be taught and taught by competent teachers. This will eliminate the private school and all methods and schools will have an equal opportunity to prove their claim for recognition. We must have these institutions where all such claims of a remedial nature can be investigated and scientifically established or condemned. A desire for personal gain or preferment keeps such Cult, Athy or Ism alive. If the exponents of such ideas should find it necessary to bring them before the scientific world as a scientific fact and not as an idea for personal gain or preferment we would find "protest" against existing forms of medicine vanish and in its stead a feeling that all methods pertaining to the healing art had its legitimate place in regular medicine.

The Council on Medical Education have been working for nine years to formulate a standard of medical education which it believed should be adopted in this country as a minimum standard and the chairman of the council at its tenth annual conference in commentary of the standard which follows:

"First, preliminary education sufficient to enable the candidate to enter our recognized universities.

"Second, a five-year medical course, the first year of which should be devoted to physics, chemistry and biology, this year to be taken either in a school of liberal arts or in the medical school.

"Third, a sixth year as an interne in a hospital."

Says in part, "Under such a scheme the majority of men would begin the study of medicine between eighteen and nineteen years of age and finish their hospital internship at twenty-five. A full college education was recognized as a desirable preparation for a limited number of men, but it was agreed that it should never be made an

absolute requirement for admission to the study of medicine, as it would make the age of graduation twenty-seven or twenty-eight years, too old an age for the physician to begin medical work.

"For the last nine years the Council on Medical Education and this conference have worked steadily and untiringly to bring about the adoption of this standard, and they have succeeded so far that this general adoption is now clearly in sight. When the conference began its work there were 28,000 medical students in this country. There were last year but 17,000. Then there were 160 medical colleges; now there are but 100. Then there were but four schools requiring more than a high school education for admission; now there are eighty. Then no state licensing board required more than a high school education; now sixteen state boards require one or two years of college work, including courses in physics, chemistry and biology. Nine years ago only a limited number of men secured hospital internship; now almost all the men graduating from the better schools serve a year or more as a hospital interne. Twenty-six state boards have withdrawn recognition from the twenty-five or thirty poor schools which are not doing acceptable work. We are clearly in sight of American standards of medical education which will not only be satisfactory, but which will compare favorably with those of England, France and Germany.

"Improvements Inspired by Medical Men: These improvements in standards have been accompanied by great improvements in the laboratory and clinical facilities in our medical schools, by the passing of the proprietary schools and by the development of the university medical school, especially the medical school as a part of the state university. Almost all that has so far been accomplished in medical education in this country has been the result of work by the medical men themselves. Very little assistance has been secured from persons outside of the profession. For a time a good deal of effort was made to secure private endowment for medical education, but with little success except in a few fortunate instances.

"State Support of Medical Education: Until recent years wealthy philanthropists have not favored medical education as they have general education, theology, hospitals and libraries. There was a long period in the world's history when literature, art and education flourished only under the support of some rich patron and were objects of his favor and caprice. In this country as medical schools emerged out of the proprietary school stage and sought university connections, some of them turned to private persons for financial support, and in some instances such private support has been secured. On the whole, however, medical schools have not been able to secure adequate financial support from private endowments. Furthermore, a comparative study of the medical schools of the world gives no reason to expect adequate support for medicine from private endowment. Nor is it desirable that medicine should depend on private support. There will always remain the great privilege and great oppor-

tunity for private endowment to assist medical education, medical research and medical charities, but the scheme of modern medicine can no longer wait for private endowment.

"Medicine has become not only a function of the state, but also one of the most important functions of the state. The time has now come when the medical profession should no longer look to private endowment but to the state for the support of medical education and research. In the interest of the people we should demand adequate state support for medicine in order that medicine in return may properly perform its great function to the state and that the people may benefit from the great possibilities offered by preventive medicine, intelligent medical practice and medical research."

In this we see that the Council on Medical Education are working out one of the most important problems of providing a standard of medical education. Until the present time the ratio of physicians to population remains about the same, 1 to every 600 of population in the larger cities. If the raising of the standard of medical education, thereby increasing the cost and a general tendency for the lowering of professional fees, should continue the profession of medicine will fail to attract those who may feel that the time and money spent in acquiring an education were not adequately compensated for by the small fees. There must be no lowering of standards, but it seems wise that some concerted effort be made by the profession to raise the average income of the general practitioner. Unless a fair income can be hoped for scientific medicine will lose out in so far as it will attract students.

State institutions should make it as possible for the medical student to acquire an education as cheaply and as thoroughly as it provides for the other scientific branches. The specializing in medicine is of a necessity increasing, for with its advances in certain lines of medicine the specialist, the man who devotes his whole time to one branch of medicine will have opportunities of advancing our scientific knowledge along those lines, the sum total of the work of a certain group of men working along definite lines would help scientific medicine much more than the same number working independently. State institutions for medical research should be a part of the functions of the state. Municipal laboratories are a vital necessity for diagnostic and preventive methods. With state and municipal laboratories and competent workers in those laboratories, scientific medicine will advance much more rapidly in the next quarter of a century than it has during the past century.

We have seen the following a certain "Book of Optimism Founded on Faith" has had and how successfully it has been commercialized. If optimism and faith can be so successfully copy-righted and large royalties paid for their use there must be something in them worth investigation; the sick person must be an optimist and must have faith, why is it not possible for us to encourage one and hope for the other?

The protective scheme for the individual such as the safeguarding of public health carries with it many and new problems; so soon as man collects in small groups either for convenience, necessity or choice, problems pertaining to protection of property and health are paramount to all other social or economical factors. He institutes police protection for his person and property and a part of that police protection must of a necessity be protection of life and health. Health boards, the most important part of such police protection, are apt to be selected with the same intelligent care that many of our police departments select the emigrant who from size and a desire to attain some form of authority over his fellow beings feels his mission in life is to protect his fellow man. Such a community is apt to have as its health officer some member of the medical profession who is chosen not for his peculiar fitness for such work but as the most available one for such duties.

Modern Sanitation and Hygiene finds most communities lacking medical men who by reason of their training are competent to handle these problems. Government agencies have found it expedient to establish means for such training and the establishment of "health districts" comprising possibly several municipalities who can be brought together for health protection should be established where the compensation would be adequate to stimulate members of the medical profession to fit themselves by proper training for such work. The splendid work done by the Marine Hospital Service would indicate that at no very distant date all health service will be a service under state or government control by those trained for such service.

Is it fair to assume that we, the human agencies who contribute by our industry to the upbuilding of a nation, are not entitled to the same consideration that is now given through our Agriculture Department by the Bureau of Animal Industry, to the agriculturist to enable him to raise better and larger crops and to raise the standard of his live stock? Still that same beneficent government can not spend any money in teaching the same agriculturist how to live better and improve his home life as well as enable him to improve the human race as well as his live stock. The same government agencies can teach him how to guard against "hog cholera," "glanders" or fruit pests but cannot afford to teach him how to guard his family against preventable diseases. Nothing has contributed so much to the upbuilding of our country from an agriculturist standpoint as the Agriculture Department. With a National Bureau of Health, having control of state health, each state divided into health districts, each district in charge of a trained sanitarian and hygienist with elimination of the political factor, not hampered by the changing conditions of our political and social life, the training and experience coupled with efficient conduct of those to whom the health of such district be entrusted is apparently the only solution of our public health problem.

When a few years ago the inability to secure for those under their care a clean and safe milk supply led a certain member of our profession to hit on the plan of instituting a plan for the certification of milk, the education of the public to the necessity of clean milk was fairly begun, this led to a study of the faulty methods used in the production and handling of the commercial milk of the city and very much has been done to remedy these methods and it is safe to assume that the educational values of the campaign for clean milk will result in a clean, wholesome milk supply coming from tubercular tested cows. With a clean milk supply the work of fighting tuberculosis will have one of the most important agencies in the prevention of tuberculosis solved. Certified milk has been a powerful educational factor, but as it constituted only about one-half of one per cent. of the milk supply of the country the bulk of the milk must be clean and safe. Owing to the widely distributed source of the milk supply of the large cities the transportation difficulty of handling such supply promptly has resulted in some of the larger cities adopting an ordinance regulating the milk supply and compelling all persons to use either certified milk or pasteurization of all raw milk other than certified. All milk should come from tubercular tested cows and pasteurization should not be the "flash" pasteurization that has been used in the past, but slow pasteurization, which gives a clean milk and one which does not sour, and in which all harmful germs are destroyed.

The National Association for the Study and Prevention of Tuberculosis with an expenditure of about \$200,000 during the past ten years have stimulated other National, State and Local Anti-tuberculosis agencies, both public and private, to an expenditure of approximately \$100,000,000 and during the year 1913 \$20,000,000 was spent for tuberculosis work, seventy per cent. of this amount was taken from the tax revenues. Assuming that of this \$20,000,000 spent in that work during 1913 that the seventy per cent. taken from tax revenues was a tax on the cost of production the necessity for such tax would result in the better housing conditions in industrial centers, thereby lessening the danger of contracting tuberculosis, but it would do more; it would supply the means for those contracting the disease during industry, of being cared for directly by the results of their own labor and thereby prevent such individual from being the recipient of charity.

There are annually in the United States about 685,000 tuberculosis patients of whom 150,000 die annually. Expressed in dollars and cents this means, allowing \$500.00 as an average yearly wage of the tuberculous working man, the incurrence of a yearly loss of \$114,000,000. To combat this loss the (1) Federal, (2) the State, and (3) the Municipal Governments are actively engaged.

The dispensary plan is being vigorously pushed by the state of Pennsylvania, the only state so far which has a state dispensary, and about \$5,000,000 has been appropriated for this purpose. It will undoubtedly require much time and



thought to work out some method of caring for the individual suffering from tuberculosis. It is claimed that not to exceed two per cent. of all those so afflicted are able to leave their homes owing to the lack of funds. When we divide tuberculosis into its several classes we will find that those contracting the disease in the course of their industrial life must be dealt with differently from the two per cent. who can afford to go to some suitable climate. It would result in the necessity of our handling the industrial cases not as a charge on some charity but in some industrial supported institution either provided by such industry or the state. Such cases as can be left in their homes without being a menace to their family may be treated successfully there, but many of the cases not too far advanced can be treated in suitable sanitariums where the benefits are twofold, first by reason of removing them from their homes where they are a menace to the other members of the family; second, by reason of the educational value of institutional training that the individual receives in such institutions.

The first state sanitarium for the treatment of tuberculosis was established by Massachusetts in 1898; to-day there are twenty-one other states which have sanatoriums and eight more are in course of construction.

This money has been used to establish and maintain 115 dispensaries in every county throughout the state. The Edinburgh system for the treatment of tuberculosis is essentially the dispensary plan in which a follow up plan is used. The patients are visited at their homes and the number of "contacts" noted and as there are usually one or two members in each family suffering from tuberculosis, these cases are sought out, instructions are given in the homes. Such cases as require it are given sanitarium treatment.

Income tax levied upon the few to benefit all is not the most rational method of combating pauperism. Why should the man receiving a compensation less than \$3,000.00 per annum be placed in the pauper class? Why not permit all to pay something, graduating the income tax so it would not be a hardship on those with an income of, say, less than \$1,000 per annum? This is the class who by reason of their more or less crowded and unsanitary homes contract the disease most readily and constitute the class that are most vitally affected by the tuberculosis problem. Better and more sanitary homes will greatly reduce the number of cases of tuberculosis and the better control of "contact" cases the better the prevention.

Why not let the income tax or a portion of it provide institutional care as well as better housing conditions for this class? They should not be deprived of their right as citizens to contribute something and thereby maintain their independence. It has been stated authoritatively that those having an income of \$3,000 or over constitute about one-tenth of the population; if so the ninety per cent. who are not included in the income tax might be taxed a small proportion of their income and let this tax constitute a tax for the stamping out of tuberculosis as it is this class who suffer most

from that disease. Such a tax could be proportionately used for educational, institutional and housing purposes. In our state we have very little of the tenement house evil to contend with; the housing court takes the place of the tenement. A proportionate amount of this tax might be used by the state or municipality to erect model housing courts, each with its community baths and playgrounds. Such courts if built by such funds financed by bonds of three and one-half to four per cent. could be self-supporting in each community and an insurance against tuberculosis and all forms of contagious or infectious diseases. As a lesson in city building they could be not only graded as to rent to the tenant but an example of pleasing architecture that would rapidly replace the usual housing court of our outskirts or river bed that are unsightly, unsanitary and breeding places for infectious and contagious diseases of all kinds other than tuberculosis, for preventive measures against tuberculosis will act twofold in also limiting preventable diseases to the accidental infection due to migrating transmission.

State control of municipal housing of the poorer classes with government supervision of all health measures would not require an expenditure of \$100,000,000 per annum for a period of many years before the results of preventive medicine would be seen in a rapid diminution of preventable diseases and with better sewerage, garbage and waste disposal the common house fly would become a relic of the past and that most potent factor in the transmission of disease can and should be destroyed if its breeding places are eliminated from the habitat of mankind. The concentrations of human beings and the usually deplorable hygienic conditions they are obliged to live under is responsible for most of the communicable diseases, if not all. The public who are not in a position to know these facts as well as the medical profession are, must be told, but demonstrable facts show them that are uncontrovertable.

The question is, how can the medical profession solve these problems? Can we do it by asking for legislation? Most assuredly No; before legislation can be secured a campaign of education to create a demand for such legislation is necessary. The public must be taught the needs of such legislation before it can be secured, and the economic value of desirable legislation established can be proven, that an economic value can be placed on preventive medicine. Demonstration of such economical value has recently been so forcibly brought to the attention of the public by the preventive means used in the building of the Panama Canal. It may be necessary to make many such demonstrations before the public will demand prevention. There are many "canal zones" here at home that need cleaning up as badly as the Panama Canal Zone.

Industrial insurance which particularly affects that class whose incomes come below the income tax exemption of \$3,000 per annum could be so amended that all incomes below that limit could proportionately pay an income tax which might be devoted to purposes more directly beneficial to



such classes. The amendment of the present income tax affecting all incomes below \$3,000 per annum should be used for insurance purposes beneficial to such classes.

Sociological problems as they affect the masses must be problems that our profession must of a necessity deal with in the line of preventive medicine and require careful consideration from all sides and particularly that side pertaining to state medicine. The function of the state should be to give adequate protection by suitable preventive measures, and that it can be done there can be no question, but the medical profession must create a demand for such legislation by educational means rather than by the use of the "lobby." They should be removed from the realms of political fancy or party measures and made a function of the state irrespective of political preference and that this can be done need not be taken as an idealistic dream if the medical profession will get together in an organization that is stronger in its makeup and broader in purpose than the average State Medical Society. Each State Society should be so many units of strength that will work as a unit when those things of vital interest to our profession are at stake. Our Society can be such a unit of strength if we will make it so. We have as our mouthpiece one of the best medical journals in the United States. If it be necessary to raise the dues for membership in our County Societies even to double the present dues and spend more money in the organization of our Society until such time as it will have every reputable practitioner of medicine in the state as members. This would make it possible for us to relieve the Editor of the JOURNAL of the business management and other duties which could be left to a staff of assistants that would make it possible to handle the work of the Society as the increase of activities demanded.

A State Medical Society should mean a Medical Society for scientific advancement run on good business principles. With increased membership a stronger organization will be possible, enabling us to enlarge our activities, especially along the line of educational work. To classify, we could

First, perfect a better organization among its members with the view of broadening its scope beyond its scientific limits and increasing the fraternal spirit.

Second, institute good business methods in dealing with legislation pertaining to the advancement of scientific medicine by interesting ourselves in the personality of our state legislature and aid in the selection of those who are competent to legislate judiciously irrespective of the quack and irregular influences.

Third, to increase the usefulness of the JOURNAL by separating the editorial from the business management, thereby making it possible to do better "team" work and increasing its usefulness. Scientific, religious, political and business interests find it necessary in the accomplishment of their highest aims to first perfect an organization for the furtherance of such aims and the medical profession so far have not taken the pains to perfect such

organization either from lack of interest or lack of fraternal cohesion. It is time for us to get together and by uniting our efforts work out some of these problems.

Organization of our Society along such lines would enable us to secure many useful measures and one of our first efforts should be directed toward securing a medical examining board for the profession that would do away with a mixed board. Our present Medical Practice Act which specifically defines that licensure should be conferred to permit the practice of medicine on one hand and to confer permits to practice Osteopathy on the other, then grants all the same privilege is an evasion rather than a correct interpretation, we grant any one reciprocity but are still supplicants for reciprocity with states where reciprocity would reflect credit or honor on us.

May calm and sober judgment prevail in handling some of these problems; be it those of immediate importance or of more remote consequences let us consider them in their broadest application to the common good.

#### REPORT OF THE SECRETARY AND EDITOR.

Membership. At the close of the year 1913, there were 2396 members; at the close of 1912, there were 2278 members on the roll; during 1913, 34 members died; thus it is evident that the membership had 152 accessions during the year. The present plan of requiring all membership reports to be sent in early—before March 1st—has worked admirably and this year, up to April 1st, something over 2340 members have been reported and paid for and additional names are being sent in all the time. By the end of the year the membership will be at least as large as last year, in spite of the fact that the assessment is \$6.00 this year as against \$4.00 in previous years.

With the kind assistance of Dr. Bering, Modoc and Lassen-Plumas County Medical Societies have been organized and probably two more societies will be organized before the end of the year.

All county societies should scrutinize applicants for membership very carefully, in future, and it would be an excellent thing if they would send the names of applicants to the office of the State Society, for a report upon them, before election to membership. A number of physicians have been licensed under the new law, who could not have been accepted under the old standard, and doubtless many more such cases will occur. As membership in a county unit involves the State Society, and as membership in that Society has come to be a very valuable thing, and will be increasingly valuable, we should make every effort to be sure that no one is elected to membership who is not thoroughly upright and of good professional training and ability. In the office of the State Society are comprehensive records, invaluable files of information referring to everyone who has been licensed to practice in this state or who has applied for license and been rejected; from these records it would be a simple matter to determine whether any applicant for membership were lacking in pro-